

Customer Service DivisionOffice locations - 7447 E. Indian School Road, Suite 110
Scottsdale, Az. 85251-4468

or

9379 E. San Salvador Dr, Suite 100
Scottsdale, Az. 85258Mailing Address - 3939 N. Drinkwater Blvd.
Scottsdale, AZ 85251-4468

Telephone - (480) 312-2400

**APPLICATION
TELETRACK OPERATOR LICENSE****FOR CASHIER USE ONLY**

Application Fee: _____

License Fee: _____

Fingerprint Fee: _____

Total Due: _____

Account Number

Date License Issued

BUSINESS NAME, BUSINESS TELEPHONE, BUSINESS LOCATION

BUSINESS NAME (Individual, Company or "DBA", first name first)

Area Code

Business Telephone No.

STREET NO.

(N,E,S,W)

STREET NAME

Type
(ST.DR.AV.)

STE./APT. NUMBER

City

State

ZIP

BUSINESS MAILING ADDRESS, EMERGENCY TELEPHONE AND APPLICANT NAME

STREET NO.

(N,E,S,W)

STREET NAME

Type
(ST.DR.AV.)

STE./APT. NUMBER

City

State

ZIP

Area Code

Emergency Number

APPLICANT NAME (Individual or Corporation/Partnership operating business. (first name first)).

EMERGENCY CONTACT PERSON

NAME _____ ADDRESS _____ PHONE: _____

BUSINESS OWNERSHIP AND RECORDS LOCATIONTYPE OF OWNERSHIP: INDIVIDUAL ☐ PARTNERSHIP ☐ CORPORATION ☐

DATE INCORPORATED ____/____/____

STATE INCORPORATED _____

CORPORATE STATUTORY AGENT OR AGENT AUTHORIZED TO RECEIVE SERVICE OF PROCESS:

NAME _____ ADDRESS _____ PHONE: _____

DESCRIBE NATURE OF BUSINESS _____

NUMBER OF PARI-MUTUEL WINDOWS OR TOTE MACHINES: _____

Name(s) of owner(s), partner(s), officer(s), shareholder(s) of 10 % or more, and person(s) who participate in management, control or policyLegal Name: _____
Last First Middle Title Date of BirthResidential Address: _____
Street City State Zip Telephone Shareholder %Legal Name: _____
Last First Middle Title Date of BirthResidential Address: _____
Street City State Zip Telephone Shareholder %

Legal Name: _____
 Last First Middle Title Date of Birth
 Residential Address: _____
 Street City State Zip Telephone Shareholder%

(PLEASE USE ADDITIONAL PAPER IF NECESSARY)

CONVICTIONS

Has anyone listed ever had any felony conviction in any jurisdiction, within the last 5 years ? ☐ Yes ☐ No

If yes, you must provide specific information describing:

WHO	OFFENSE	WHERE OFFENSE OCCURRED	DATE OF OFFENSE	COURT(S) ENTERED INTO

Have you or your business ever had any judicial or administrative finding of violation of any law or regulation relating to racing, wagering or gaming in any jurisdiction ? Yes ☐ No ☐

If Yes, please give explanation: _____

(please use additional paper if necessary)

Have you or your business ever had any license or permit relating to pari-mutuel betting or teletrack activities revoked or suspended?

Yes ☐ No ☐

If Yes, please give explanation: _____

(please use additional paper if necessary)

ADDITIONAL INFORMATION REQUIRED

- (1) Written proof of date of birth.
- (2) Proof that the applicant holds a valid license from the Arizona Racing Commission to conduct pari-mutuel races within the state of Arizona.
- (3) Proof that a teletrack wagering establishment license has been issued or applied for with respect to the facility in which the teletrack operator license will be utilized.
- (4) A plan of operation in accordance with the specifications of Arizona Administrative Code, Title 4, Chapter 27, Section R 4-27-404.
- (5) Proof of an agreement for use of the establishment by the applicant for teletrack wagering purposes.

I HEREBY CERTIFY THAT ALL ANSWERS TO QUESTIONS ON THIS QUESTIONNAIRE ARE TRUE AND COMPLETE, AND I AGREE AND UNDERSTAND THAT ANY FALSIFICATION OF MATERIAL FACTS MAY CAUSE FORFEITURE ON MY PART OF ALL RIGHTS TO, AND CONSIDERATION TO BE LICENSED IN THE CITY OF SCOTTSDALE, COUNTY OF MARICOPA, STATE OF ARIZONA.

Date: _____

Applicant Signature

FOR OFFICE USE ONLY

Recommendation:

Approval/Denial

Date

Police Department

White-Tax & License Yellow-Police Dept. Pink- Zoning